



Hugh O'Brian Youth Leadership
Health Insurance Form

To be returned to chairperson
[insert return name and address]

(please type or print legibly)

1. Name of Participant: _____
2. Health insurance plan name: _____
3. Health insurance plan number: _____
4. Check here if participant is not covered by a health insurance plan
5. Name of parent or legal guardian: _____
Last First
6. Emergency contact telephone number: _____
(Area Code)

Signature of Parent or Legal Guardian